

O.I.P.E. ④
SCANNED hlp M.S. O.A. Am

PATENT DATE

APPLICATION NO.	CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
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APPLICANTS

TITLE

PTO-2040
12/99[illegible]

<input type="checkbox"/> TERMINAL DISCLOSURE	DRAWINGS			CLAIMS ALLOWED	
	Sheets Dwg.	Figs. Dwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclosed.	_____ (Assistant Examiner)			NOTICE OF ALLOWANCE MAILED	
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent No. _____	_____ (Primary Examiner)			ISSUE FEE	
				Amount Due	Date Paid
<input type="checkbox"/> The terminal _____ months of this patent have been disclosed.	_____ (Legal Instruments Examiner)			ISSUE BATCH NUMBER	

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